

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/725,373
Filing Date	December 3, 2003
First Named Inventor	Jeffrey Schlom
Art Unit	1644
Examiner Name	Dibrino, Marianne
Total Number of Pages in This Submission	Attorney Docket No. 38163-0197

## ENCLOSURES (Check all that apply)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s), please identify below:<br>Post Card<br>5 REFERENCES<br>PTO/SB/08A FORM |
|---|--|--|

Remarks

Customer No. 44991

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Ronald J. Kamis Reg. No. 11,104
Signature	<i>Ronald J. Kamis</i>
Date	October 12, 2005

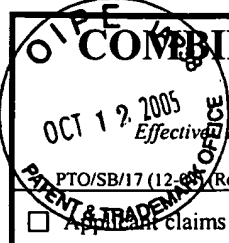
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name			
Signature		Date	

This collection of information is required by 37 C.F.R. 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions by reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



# COMBINED FEE TRANSMITTAL for FY 2005

Effective 10/08/2004. Patent fees are subject to annual revision.

PTO/SB/17 (12-05) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), & (i))

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**300.00**

Complete if Known

Application Number	10/725,373
Filing Date	December 3, 2003
First Named Inventor	Jeffrey SCHLOM
Examiner Name	DIBRINO, Marianne
Art Unit	1644
Attorney Docket No.	38163-0197

## METHOD OF PAYMENT (check one)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None  
☒ Deposit Account

Deposit Account Number: **08-1641 (Atty. Dock et No. 38163-0197)**

Deposit Account Name: **Heller Ehrman LLP**

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Credit any overpayments and charge any deficiencies

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the deposit account

## FEE CALCULATION (continued)

**4. PETITION FEES UNDER 37 CFR 1.17 (f)** Fee Paid  
Fee Code: 1462 Fee \$ 400 For petitions filed under:  
§ 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b)

**5. PETITION FEES UNDER 37 CFR 1.17 (g)** Fee Paid  
Fee Code: 1463 Fee \$ 200 For petitions filed under:  
§ 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.956; § 5.12; § 5.15; § 5.25

**6. PETITION FEES UNDER 37 CFR 1.17 (h)** Fee Paid  
Fee Code: 1464 Fee \$ 130 For petitions filed under:  
§ 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(c); § 1.313; § 1.314

**7. PROCESSING FEES UNDER 37 CFR 1.17 (i)** Fee Paid  
Fee Code: 1808 (1803 for § 1.221) Fee \$ 130 For petitions filed under:  
§ 1.28(c)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(e); § 1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(c)(5); § 1.497(d); § 3.81

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Applicati on Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**SUBTOTAL (1)** \$

### 2. EXTRA CLAIM FEES

Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent
200	100	Each Independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent
360	180	Multiple dependent claim, if not already paid

Extra Claims		Fee from above	Fee Paid	
Total Claims	-20** =	x		=
Independ ent Claims	-3** =	x		=

\*\*or number previously paid, if greater; For Reissues see below

Multiple Dependent =

**SUBTOTAL (2)** \$

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50	Fee (\$)	Small Entity Fee (\$)
-100 =	/50 =		x 250 OR x 125	

**SUBTOTAL (3)** \$

### 8. OTHER FEES

Entity Fee (\$)	Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
120	60	Extension for reply within first month	120
450	225	Extension for reply within second month	
1,020	510	Extension for reply within third month	
1,590	795	Extension for reply within fourth month	
2,160	1,080	Extension for reply within fifth month	
500	250	Filing a brief in support of an appeal	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1,510	1,510	Petition to institute a public use proceeding	
500	250	Petition to revive - unavoidably abandoned application	
1,500	750	Petition to revive - unintentionally abandoned application	
50	50	Processing fee for provisional appls (37 CFR 1.17(q))	
180	180	Submission of Information Disclosure Statement	180
1,000	500	Request for oral hearing	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
790	395	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify)

**SUBTOTAL (4+5+6+7+8)** \$ **300.00**

\* Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) **Ronald J. Kamis**  
Signature *Ronald J. Kamis*

Registration No. **41,104**  
(Attorney/Agent)  
Date **October 12, 2005**

## Complete (if applicable)

Telephone **202 912-2000**  
Customer No. **44991**